



Motor Vehicle Division

96-0315 R11/05 www.azdot.gov

Mail Drop 531M
Competitive Government Partnerships
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

PROFESSIONAL DRIVER TRAINING SCHOOL APPLICATION

- Print or type; must be legible, complete and correct
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for authorization to engage in the following Professional Driving School (PDS) activities.

PDS Activities (Separate fee is required for each authorized activity.)

☐ Adaptive ☐ Motorcycle ☐ Operator (Class D/G) ☐ Traffic Survival

Commercial Driver License PDS Activities (Indicate the license class. Class A = A, B and C; B = B and C; C = C only):

☐ Truck ____ ☐ Coach-Transit Bus ____ ☐ School Bus ____

Application Type

☐ Original (expires December 31st) – Must attach Third Party Inspection Request form 96-0144

☐ Duplicate for MVD Authorization Number: _____

☐ Renewal (file by December 1st) for Calendar Year: _____ MVD Authorization Number: _____

with ☐ Name Change (attach Professional Driver Training School Supplement form 96-0321)

Business Type

☐ Individual ¹ ☐ Partnership ¹ ☐ Corporation ² ☐ LLC ² ☐ LLP ² ☐ Government Entity/Political Subdivision

☐ Other:

¹ Attach copy of Certificate of Existence or Trade Name Certificate issued by the Secretary of State

² Attach copy of Articles of Incorporation or Organization as filed with the Arizona Corporation Commission

Company Name (official business name)

Employer Identification Number

Doing Business As (DBA)

Mailing Address

City

State

Zip

Established Business Address (where instruction will be provided)

City

State

Zip

List all additional classrooms/sites (Branch Offices) on Professional Driver Training School Supplement form 96-0321 and attach.

Principal Business Address (administrative/operation headquarters, where records will be secured)

Address (if different from Mailing Address)

City

State

Zip

Office Days and Hours

☐ M:

☐ Tu:

☐ W:

☐ Th:

☐ F:

☐ Sa:

☐ Su:

Phone Number

()

Fax Number

()

Website Address

Qualifying Party

Name

Arizona Driver License Number

Street Address

City

State

Zip

Mailing Address (if different from Street Address)

City

State

Zip

Statutory Agent – Corporations only: Statutory agent designated in your Articles of Incorporation (must be an Arizona resident)

Name

Arizona Driver License Number

Street Address

City

State

Zip

Mailing Address (if different from Street Address)

City

State

Zip

Continued On Reverse Side

Contact Person – Attach a letter indicating the scope of authority the contact person will have regarding company operations.

Name		Title
Phone Number ()	Fax Number ()	E-mail Address

Owners, Partners, Corporate Officers, Directors and all Stockholders owning 20% or more of the corporation

Applicant Name (first, middle, last, suffix)	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip

Instructors

Instructor Names (first, middle, last, suffix)	Field of Instruction (PDS Activity)

- Attach a complete list of all personnel (name and title) in the organization.
- Attach copies of **any and all** of the following to be used by the school:
 - Contracts
 - Receipts
 - Forms furnished to the students
 - Complete curriculum (except for TSS)

Additional information may be required following the review of this application.

I certify that the information contained on this application is true and correct, that all persons listed here are in compliance with all applicable laws of Arizona; that no applicant or instructor listed has ever been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country, in the past 10 years, or any other felony in the past 5 years, or ever had a business authorization revoked or suspended in Arizona or any other state; and that all persons listed here are in good standing with MVD, as defined in AAC R17-7-101.

I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Applicant Signature	Title	Date
Applicant Signature	Title	Date
Applicant Signature	Title	Date
Applicant Signature	Title	Date